

**YEAR 2002 HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA)
APPLICATION CHECKLIST**

Legal Name of Applicant: _____

Instructions: This Checklist must be completed and submitted with the application. It is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and attachments have been submitted.

APPLICATION CONTENT

	Included
A. Application for Financial Assistance is completed, and proper signature and date included	_____
B. Contact Person Information	_____
C. Work Plan and Performance Measures	_____
D. Financial Information	
1. Instructions and Examples for a Categorical Budget & Justification	_____
2. Subcontractor Data Sheets, Budget Justification or Fee-For-Service Forms	_____
3. Indirect Cost Budget Category Form	_____
E. Other Required Forms and Documentation	
1. HIV Contractor Assurances*	_____
2. Texas Department of Health Assurance and Certifications*	_____
3. Board Member and Executive Officer Assurances (For nonprofit organizations)*	_____
4. Statement of Understanding & Agreement	_____
5. Certification of Local Approval of Project Sponsors	_____
6. Grant/Contract Applicants Client Services Historically Underutilized Business (HUB) Subcontracting Plan	_____
7. Certification of Lobbying*	_____

*Note: These forms need only be submitted if not already submitted during 2001.

SUBMISSION OF APPLICATION:

____ ORIGINAL AND ONE COPY OF APPLICATION TO AUSTIN TDH ADDRESS

____ SEND ONE COPY OF APPLICATION TO REGIONAL HIV SERVICES CONSULTANT